

127 000058606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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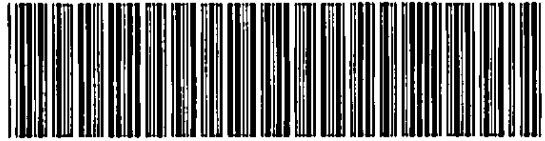
(Business Entity Name)

(Document Number)

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LLC amend

02/28/22--01017--003 **25.00

2022 FEB 28 AM 11:32
CLERK OF STATE
DO NOT WRITE

FILED

A. RAMSEY
MAR 04 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power Roots Farms LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Errol Perry
Name of Person

Power Roots Farms LLC
Firm Company

1160 S. Parramore Ave Apt B
Address

Orlando FL 32805
City, State and Zip Code

flavors.vapor@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Errol Perry at (321) 332-5635
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Power Roots Farms LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 FEB 28 AM 11:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/03/2022 and assigned Florida document number 122000058606

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent _____

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Sciret F. Owens	1160 S. Panramore	<input type="checkbox"/> Add
		Ave Apt B	<input checked="" type="checkbox"/> Remove
		Orlando FL 32805	<input type="checkbox"/> Change
AP	Kathrina Webb	1160 S. Panramore	<input type="checkbox"/> Add
		Ave Apt B	<input checked="" type="checkbox"/> Remove
		Orlando FL 32805	<input type="checkbox"/> Change
AP	Brooke Perry	1160 S. Panramore	<input type="checkbox"/> Add
		Ave Apt. B	<input checked="" type="checkbox"/> Remove
		Orlando FL 32805	<input type="checkbox"/> Change
Mgr	Enrol Perry	1160 S. Panramore	<input checked="" type="checkbox"/> Add
		Ave Apt. B	<input type="checkbox"/> Remove
		Orlando FL 32805	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 24 . 2022

May 24, 2022
Errol Perry
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Errol Perry Sr.
Typed or printed name of sign

Typed or printed name of signer

Filing Fee: \$25.00